

**CSUSB Asian Faculty, Staff, and Student Association (AFSSA)
Membership Application/Renewal Form**

Please **type** and **print out** the form.

Last Name: _____ First Name: _____

Mailing Address: _____

E-mail: _____

Affiliation (Department / Division / Company): _____

Title / Position: _____

Phone Number: _____

Faculty Staff Student Other If other, _____

Please make your check payable to **AFSSA** and send it to:

Professor Min-Lin Lo, AFSSA Treasurer Department of Mathematics (JB-370)
5500 University Parkway, San Bernardino, CA 92407
Office Phone: 909-537-5371 E-mail: Min-Lin Lo <mlo@csusb.edu>

Membership Type: Faculty/Staff/General (\$25/yr) Student (\$5/yr) Life time (\$250)

Paid by: Cash Check Check Number: _____

Membership \$ _____ + Donation \$ _____ = Total \$ _____

Note: any donation of more than \$50 will be recognized in the AFSSA scholarship banquet brochure.

Received by _____ Date: _____

Signature of Treasurer: _____ Date: _____

**Member Receipt
for Asian Faculty, Staff, and Student Association (AFSSA) membership dues and donation**

Date: _____

Name: _____

Amount: _____ DOLLARS

Cash Check Check Number: _____

Signature of Treasurer: _____ Date: _____

Thank you for joining and supporting AFSSA!